

Division of Licensing and Protection
103 South Main Street
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

October 9, 2015

Ms. Paula Patorti, Administrator
Our House Too Residential Care Home
69 1/2 Allen Street
Rutland, VT 05701-4501

Dear Ms. Patorti:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 9, 2015**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0377	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/09/2015
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NAME OF PROVIDER OR SUPPLIER OUR HOUSE TOO RESIDENTIAL CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 69 1/2 ALLEN STREET RUTLAND, VT 05701
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite investigation of a complaint was conducted by the Division of Licensing & Protection on 9/9/2015. The following regulatory deficiencies were identified as a result of this investigation:	R100		
R145 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c (2)</p> <p>Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being;</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review the facility failed to assure that the written plan of care reflected the resident's current needs regarding dental care for Resident #1. Findings include:</p> <p>Per record review the plan of care for R#1 states that the resident is an assist in oral care (brushing teeth). In an interview on 9/9/15 at 11:25 AM the facility Manager stated that R#1 had become unable to thoroughly, independently brush his/her teeth and that staff were brushing the resident's teeth as s/he allowed. The flowsheets used by direct care staff reflect that the resident either brushed his/her own teeth or was assisted to brush his teeth but that they did brush his teeth any time he allowed. In a telephone interview on 9/10/15 at 11:36 AM the facility Manager confirmed that the plan of care had not been updated to reflect the change in functional status</p>	R145 R145	<p>New Care plan forms designed in June 2015 would have avoided this deficiency (see Resident Care plan form) we are in the process of updating all care plans with this new form. All Care plans will be updated with the new form by 11/1/15. Manager will monitor for completion and accuracy.</p>	11/1/15

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	ADMINISTRATOR	10/6/15

R145 - R191 POCs accepted 10/8/15 pmtcawen

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R145	Continued From page 1 and the need to attempt to provide total mouth care when the resident allowed it.	R145		
R191 SS=A	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.12 Records/Reports</p> <p>5.12.c A home must file the following reports with the licensing agency:</p> <p>5.12.c.(1) When a fire occurs in the home, regardless of size or damage, the licensing agency and the Department of Labor and Industry must be notified within twenty-four (24) hours. A written report must be submitted to both departments within seventy-two (72) hours. A copy of the report shall be kept on file.</p> <p>5.12.c.(2) A written report of any accident or illness shall be placed in the resident's record. Any untimely deaths shall be reported and a record kept on file.</p> <p>5.12.c.(3) A report of any unexplained absence of a resident from a home for more than 12 hours shall be reported to the police, legal representative and family, if any. The incident shall be reported to the licensing agency within twenty-four (24) hours of disappearance followed by a written report within seventy-two (72) hours, a copy of which shall be maintained.</p> <p>5.12.c.(4) A written report of any breakdown or cessation to the home's physical plant's major services (plumbing, heat, water supply, etc.) or supplied service, which disrupts the normal course of operation. The licensee shall notify the licensing agency immediately whenever such an</p>	R191		

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R191	<p>Continued From page 2</p> <p>incident occurs. A copy of the report shall be sent to the licensing agency within seventy-two (72) hours.</p> <p>5.12.c. (5) A written report of any reports or incidents of abuse, neglect or exploitation reported to the licensing agency.</p> <p>5.12.c. (6) A written report of resident injury or death following the use of mechanical or chemical restraint.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that the unexplained absence of a resident (Resident #2) from the facility for more than 12 hours was reported to the licensing agency within 24 hours of the disappearance. Findings include:</p> <p>Per record review and staff interviews R#2, who was admitted on 5/4/15, has exhibited exit seeking behaviors since admission. On 9/4/15 a delivery person, from a local pharmacy, held the door open for the elderly resident to exit during their arrival at the facility. The delivery person was new to the facility. Within half an hour it was noted that R#2 was not seen. A search of the facility was conducted since R#2 does roam throughout the facility. At that point the police, facility administration, and family were notified and a search of the perimeter of the facility was conducted. As more staff, family and police arrived the search was expanded throughout the neighborhood and the community. Visits to hotels, restaurants, convenience stores and the Vermont State Fair grounds did not yield any information except for the nearest fast food restaurant where staff believed they may have</p>	R191	<p><i>R191 This was an error of this administrator - I read and misinterpreted the regulation after searching all night. This will NOT happen again - Administrator will assume all responsibility so this oversight is NOT repeated.</i></p>	9/9/15

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R191	Continued From page 3 served him/her a drink. Staff, family, and police continued to search throughout the night. The facility was notified at 10 AM on 9/5/15 that the resident had been located at a neighborhood motel, where s/he had spent the night. R#2 was taken to the hospital Emergency Room to be checked and then returned to the facility.	R191		



Resident Care Plan

Introduction to Our House Residential Care Homes "Care Plan" for its residents. Our House is a special care unit for people with dementia. Due to their cognitive impairment it is imperative that everyone knows that all things outlined on the Care Plan will be considered "as tolerated". In the event of a significant change, the care plan should be updated with a new care plan form as well as a new assessment.

Our House philosophy is unusual within the world of long term care due to cognitive impairment. All care givers must know that a resident who is awake at night and isn't willing to go back to bed, should be offered a snack or activity instead of being expected to "stay in bed", or even in their room.

Anxiety may be caused by many things, from the level of noise, the kind of music or television, or simply visitors. It has been noted that many residents experience anxiety when surveyors or inspectors are in the house. We expect residents to be redirected when they are experiencing challenging times before administering a medication.

Resident: _____

Assessment Date: _____

Diagnosis: _____

Admission Date: _____

Allergies: _____

Physician: _____

Mobility/Ambulatory Device

Walks Indep. Cane Walker W/C

Mouth Care

Indep. Assist Dentures

Fall Risk Yes No

Additional Info, Comment: _____

If yes, preventive measures: _____

Personal Hygiene

Transfer

Indep. 1 Assist 2 Assist Hoyer

Showering/Daily Wash-ups

Setup Assist Dependant

Comments: _____

Dressing

Setup Assist Dependant

Diet

Regular Therapeutic Mechanically Alt.

Hair Care

Setup Assist Dependant

Admission Weight _____ lbs

Bladder/Bowel Status

Standing Scale Seated Scale

Cont. Incont. BL BO

Hearing Aid

Right Left

Management plan: _____

Vision

Normal Impaired Blind Glasses

Skin Integrity

Preventive Care Wound Care Other

Comments: _____

Explain: _____



Resident Care Plan

Speech

Normal Impaired

Behavior/Cognitive Skills

Alert Noisy Depressed
 Uncooperative Irritable Confused
 Antisocial

Plan: _____

Nail Care/Foot

VNA Dr. B Dr. C OH/RN

Wandering Risk

Inside Outside Wants to Leave
 Wanders at Night Rummages Layers Clothing
 Hoards

Comments: _____

Decision Making

Indep. Mod. Indep. Mod. Impaired
 Severely Impaired

Psychoactive Medication

Monthly Flow Sheet AIMS Testing

Intervention: _____

Routine

Stays Up Late Naps During the Day
 Goes Out Regularly Likes to Be Busy

Likes to: _____

Pain Management & Monitoring

Needs Pain Management Related to: _____

Follow Pain Management as Ordered: _____

Monitor & Record Effectiveness

Encourage Mobility/Physical Activity

Offer Activities as Desired to Distract Pain

Use Alternate Comfort Measures: Cold Heat Massage Repositioning Relaxation

Additional Comments: _____

Care Plan Reviewed:

_____	_____	_____	_____
_____	_____	_____	_____